

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	11/17/99
O.I.P.E. CLASSIFIER		21	11/8/99
FORMALITY REVIEW	8d-	70647	11-19-89

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	12/6
	22/9
	03/04
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Claim	Date
Final	
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Claim	Date
Final	
Original	110
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If more than 150 claims or 10 actions  
staple additional sheet here

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